

P/4 0000 10500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

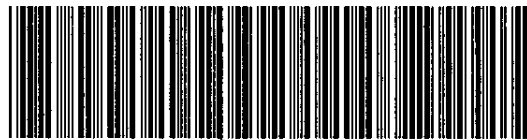
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/16/15--01052--018 **35.00

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15 MAR -4 PM 4:23
COURT CLERK'S OFFICE
STATE OF ALABAMA

Amend.
3-6-15
DC

4th



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2015

DORYS MARTINEZ
BUSINESS CONSULTING & SOLUTIONS INC
7222 SPIKERUSH LANE
WINTER GARDEN, FL 34787

SUBJECT: NJ SERVICES GROUP, CORP
Ref. Number: P14000010500

We have received your document for NJ SERVICES GROUP, CORP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 215A00003871

RECEIVED
15 MAR -4 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **NJ SERVICE GROUP, CORP**

DOCUMENT NUMBER: **P14000010500**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DORYS MARTINEZ

Name of Contact Person

BUSINESS CONSULTING & SOLUTIONS INC

Firm/ Company

7222 SPIKERUSH LANE

Address

WINTER GARDEN FL 34787

City/ State and Zip Code

DMACCOUNTING2001@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORYS MARTINEZ

Name of Contact Person

at **(407) 347-9022**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

NJ SERVICES GROUP, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000010500

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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CLERK OF STATE
TALLAHASSEE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☒ Remove	<u>D</u>	<u>LAPIDO OSVALDO</u>	<u>112 MOSS BLUFF RD</u> <u>KISSIMMEE FL 34746</u>
2) ☐ Change ☐ Add ☒ Remove	<u>D</u>	<u>JUNCOS SEBASTIAN</u>	<u>2619 WINTER PARK RD</u> <u>WINTER PARK FL</u> <u>32789</u>
3) ☒ Change ☐ Add ☐ Remove	<u>P</u>	<u>NICOLA TROISI</u>	<u>7513 TATTAN BLVD</u> <u>WINDERMERE FL 34786</u>
4) ☐ Change ☐ Add ☐ Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) ☐ Change ☐ Add ☐ Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) ☐ Change ☐ Add ☐ Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

(Attach additional sheets, if necessary). (Be specific)

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: 02/15/2015, if other than the date this document was signed.

Effective date if applicable: 02/15/2015
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

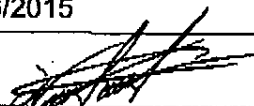
"The number of votes cast for the amendment(s) was/were sufficient for approval

by 100%
(voting group)"

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 02/16/2015

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

NICOLA TROISI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)